

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028127

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

275

Primary Registration District No.

3053

Registrar's No.

151

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b D.O.A.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Memorial Hospital		d. STREET ADDRESS (If outside, give location) 19 Summitt Drive	
3. NAME OF DECEASED (Type or print) LAURENCE ROY JOHNSON		4. DATE OF DEATH Month August Day 3 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/2/44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY ---	
13a. FATHER'S NAME Charles A. Johnson		13b. MOTHER'S MAIDEN NAME Margaret Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thoracic Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Trauma DUE TO (c) ---		11. BIRTHPLACE (City and state or country) Boston, Massachusetts U.S.A.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		14. NAME OF HUSBAND OR WIFE ---	
17. INFORMANT C. A. Johnson		Address Rolla, Missouri	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident		20c. TIME OF INJURY Hour 8:40 Month, Day, Year 8/3/62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway "F"	
20f. CITY, TOWN, OR LOCATION Dillon Township		COUNTY Phelps STATE Missouri	
21. DEATH OCCURRED AT 8:40 (app.)		p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Paul E. Hult		22b. ADDRESS Rolla, Missouri	
22c. DATE SIGNED 8/5/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Aug. 5, 1962		23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens	
23d. LOCATION (City, town, or county) Rolla, Missouri		25. DATE RECD. BY LOCAL REG. Aug. 8, 1962	
24. FUNERAL DIRECTOR N. L. & Son Funeral Home		26. REGISTRAR'S SIGNATURE Nadine L. Stoll	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION

AUG 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. Gull

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.